

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000000337

FILED
Nov 03, 2006
Secretary of State

Entity Name: KREWE OF LES BELLES FEMMES, INC.

Current Principal Place of Business:

16801 ASHWOOD DRIVE
TAMPA, FL 33624

New Principal Place of Business:

4506 NETHERWOOD DRIVE
TAMPA, FL 33624

Current Mailing Address:

16801 ASHWOOD DRIVE
TAMPA, FL 33624

New Mailing Address:

4506 NETHERWOOD DRIVE
TAMPA, FL 33624

FEI Number: 57-1148352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KING, SUSAN
16801 ASHWOOD DRIVE
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

SZEMEREDY, PETRA
4506 NETHERWOOD DRIVE
TAMPA, FL 33624 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PETRA SZEMEREDY

11/03/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KING, SUSAN
Address: 16801 ASHWOOD DRIVE
City-St-Zip: TAMPA, FL 33624

Title: VD () Delete
Name: MURRAY, KIM
Address: 1200 N. DALE MABRY HWY SUITE 140
City-St-Zip: TAMPA, FL 33618

Title: VD () Delete
Name: SMITH, NORA LEE
Address: 16130 COUNTRY CORSSING DRIVE
City-St-Zip: TAMPA, FL 33624

Title: VD () Delete
Name: SMITH, PAT
Address: 2507 WHISPER LANE
City-St-Zip: VALRICO, FL 33594

Title: SD (X) Delete
Name: COBBE, LINDA
Address: 1001 SAMY DRIVE
City-St-Zip: TAMPA, FL 33613

Title: TD (X) Delete
Name: MARTIN, ERIN
Address: 2267 FLETCHER POINT CIRCLE
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: KING, SUSAN
Address: 16801 ASHWOOD DRIVE
City-St-Zip: TAMPA, FL 33624

Title: PD (X) Change () Addition
Name: SMITH, NORA LEE
Address: 16130 COUNTRY CROSSING DRIVE
City-St-Zip: TAMPA, FL 33624

Title: TD (X) Change () Addition
Name: SZEMEREDY, PETRA
Address: 4506 NETHERWOOD DRIVE
City-St-Zip: TAMPA, FL 33624

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETRA SZEMEREDY

TD

11/03/2006

Electronic Signature of Signing Officer or Director

Date